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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/091,726	
	Filing Date	3/06/2002	
	First Named Inventor	TAYLOR	
	Group Art Unit	1711	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission	8	Attorney Docket Number	03001JP-4

ENCLOSURES (check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MICHAEL H. BOYER
Signature	<i>Michael Boyer</i>
Date	MAY 22, 2002

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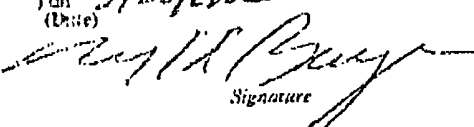
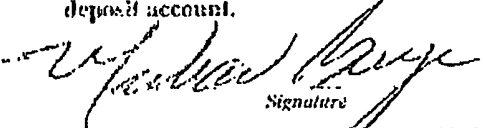
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. 08001JP-4
In Re Application Of: DONALD W. TAYLOR ET AL.			
Serial No. 16/091,716	Filing Date MARCH 06, 2002	Examiner UNKNOWN	Group Art Unit 1711
Title: CURABLE SEALANT COMPOSITIONS			
Address to: Assistant Commissioner for Patents Washington, D.C. 20231			
37 CFR 1.97(b)			
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.			
37 CFR 1.97(c)			
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. OB001JP-4
In Re Application Of: DONALD W. TAYLOR ET AL.			
Serial No. 10/091,726	Filing Date MARCH 06, 2002	Examiner UNKNOWN	Group Art Unit 1711
Title: CURABLE SEALANT COMPOSITIONS			
<p style="text-align: center;">Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 15-0680 as described below. A duplicate copy of this sheet is enclosed.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Transmission by Facsimile*</p> <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703 972 9310) on <u>5/22/2002</u> (Date)</p> <p style="text-align: center;"> Signature</p> <p style="text-align: center;">MICHAEL K. BOYER Typed or Printed Name of Person Signing Certificate</p> </div> </div> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div> </div> <p style="font-size: small;">*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"> Signature</p> <p>MICHAEL K. BOYER - USPTO REG NO 33,085 ATTORNEY FOR APPLICANTS ORSCHELN MANAGEMENT CO 2000 US HWY 63 SOUTH MOBERLY, MISSOURI 65270 Tel: 660 262-4536 Fax: 660 262-4530 email: mboyer@orscheln.com</p> </div> <div style="width: 45%;"> <p>Dated: <u>MAY 22, 2002</u></p> </div> </div>			